

NOTICE

The Los Angeles County Fire Department
Health Hazardous Materials Division
State Reporting Packet for reporting year 2010.

(As required in Chapter 6.95 of the California Health and Safety Code)



FAILURE TO COMPLETE AND RETURN REQUIRED FORMS WILL RESULT IN FINES AND PENALTIES

YOUR ACCOUNT WILL BE CHARGED A \$285.00 PENALTY FEE FOR NON-COMPLIANCE

COMPLETE AND RETURN FORMS AS NECESSARY:

- Business Plan Annual Renewal Certification
- Owner/Operator Identification
- Hazardous Materials Inventory Statement
- Hazardous Materials Inventory-Chemical Description (available at website)
- Consolidated Contingency Plan (available at website)
- Hazardous Materials Site Map (available at website)
- Regulated Substance Registration (available at website)

ORIGINAL DATE & SIGNATURES REQUIRED

RETURN BY MONDAY, JANUARY 4, 2010

**IT IS RECOMMENDED THAT YOUR BUSINESS PLAN ANNUAL CERTIFICATION
BE SUBMITTED VIA CERTIFIED MAIL**

**If you have any questions, please call (323) 890-4000
Between the hours of 9:00 am - 3:00 pm**

If you need additional forms go to our website: www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp



LOS ANGELES COUNTY FIRE DEPARTMENT HEALTH HAZARDOUS MATERIALS DIVISION



BUSINESS PLAN REQUIREMENTS FOR REPORTING YEAR 2010

The following forms are included in this packet:

1. Business Plan Annual Renewal Certification Form;
2. General information "Business Plan and Hazardous Materials Management";
3. Haz Mat Owner and Operator Identification printout with emergency contact information, the mailing address, and the year of your previously certified consolidated contingency plan (CCP);
4. Records of hazardous materials from your 2009 submittal that were handled at your business during calendar year 2009.
5. Hazardous Materials Inventory—Chemical Description Form (blank), for new chemicals not already disclosed.

If additional unified program forms or a sample are needed please visit our website at: <http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp>, or call (323) 890-4000 to have them mailed to you.

If you have ...	Then complete, sign, and submit the following forms:
no changes to your inventory or consolidated contingency plan,	<ol style="list-style-type: none"> 1. Business Plan Annual Renewal Certification Form; and 2. Haz Mat Owner and Operator Identification page. 3. Check no change on Business Plan Annual Renewal Certification.
no changes to your inventory or consolidated contingency plan, but you are subject to EPCRA,	<ol style="list-style-type: none"> 1. Business Plan Annual Renewal Certification Form; 2. Haz Mat Owner and Operator Identification page; and 3. Hazardous Materials Inventory Statement—sign each hazardous material being reported as an extremely hazardous substance.¹ 4. Check no change on Business Plan Annual Renewal Certification.
changes to your inventory,	<ol style="list-style-type: none"> 1. Business Plan Annual Renewal Certification Form; 2. Haz Mat Owner and Operator Identification page; and 3. Hazardous Materials Inventory—Chemical Description Form to add new reportable hazardous materials. Make as many copies as you need to disclose each reportable hazardous material that you will handle in 2010; that were not previous disclosed. 4. The attached Hazardous Materials Inventory Statement (HMIS) of previously reported hazardous materials if you report changes in the amounts, locations, or container type. Make changes directly to the inventory printout.
changes to your consolidated contingency plan,	<ol style="list-style-type: none"> 1. Business Plan Annual Renewal Certification Form; 2. Haz Mat Owner and Operator Identification page; 3. A revised Consolidated Contingency Plan form.
a chemical that is at or above the threshold quantity for a regulated substance ² .	<ol style="list-style-type: none"> 1. Business Plan Annual Renewal Certification Form; 2. Haz Mat Owner and Operator Identification page; and 3. A Cal-ARP Program Regulated Substances Registration form.

¹ Refer to 40 CFR Part 355 Appendix A: http://yosemite.epa.gov/oswer/ceppoehs.nsf/Alphabetical_Results?openview

² Refer to Tables 1, 2, and 3 in 19 CCR 2770.5: <http://www.oal.ca.gov/ccr.htm>



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**



BUSINESS PLAN ANNUAL RENEWAL CERTIFICATION

Hazardous Materials Inventory Statement (HMIS)

I certify that the attached HMIS reflects the handling of hazardous materials for the reporting year in accordance with the following conditions: (Please check all that apply).

- ☐ **Delete:** Write "delete" on the HMIS next to any previously disclosed hazardous materials that are no longer used.
- ☐ **Revise:** Write the correct amounts, locations, or container type on the HMIS to reflect the accuracy of any previously reported hazardous materials.
- ☐ **EPCRA Compliance:** Fill in the EPCRA field with your signature on the HMIS for any hazardous material type and quantity identified on 40 CFR Part 355, Appendix A—The List of Extremely Hazardous Substances and Their Threshold Planning Quantities.
- ☐ **Add:** Complete one **Hazardous Materials Inventory—Chemical Description Form** to add each hazardous materials that you have not previously disclosed. Submit one form per chemical.
- ☐ **No Change:** **Hazardous Materials Inventory Statement (HMIS)** is accurate and complete.

Consolidated Contingency Plan (CCP)

An initial submittal of the CCP is required when you start handling hazardous materials. At least once every 3 years after the initial submittal, the CCP needs to be reviewed and certified that the file with your agency is accurate and current in accordance with the following conditions:

- ☐ **If the Owner/Operator page indicates "CCP Certification required"** complete and submit a new CCP.
- ☐ **Modification:** Significant changes in facility personnel or operations required a revision of the CCP. Complete and submit changes of your CCP with this form. Indicate changes by crossing out old information, and writing in the correct information.
- ☐ **Lost:** Complete and submit any parts of your CCP that were lost or damaged.
- ☐ **No Change:** There have not been any significant changes in the facility's personnel and operations that require a revision to the current CCP.

Cal-ARP Program

I reviewed the threshold quantities in Section 2770.5 of Title 19 of the California Code of Regulations and certify that any regulated substance on the attached HMIS accords with the following registration requirement:

- ☐ **Add:** Complete the **Cal-ARP Program Regulated Substance Registration** form only if the regulated substance is at or above the threshold quantity (TQ). Submit one form per chemical.
- ☐ **No Change:** The previously submitted registration for regulated substance(s) is accurate.

ANNUAL CERTIFICATION

I certify that the information submitted herein is complete and accurate. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

Print Name of Document Preparer

Print Name of Owner/Operator

Signature of Owner/Operator

Business Name

Site Address

Date

Submit this packet to the above address before January 4, 2010 to avoid a late submittal penalty of \$285 or other enforcement options. Certified Mail advised. Do not submit any fees with this packet.

Obtain unified program forms from our website at
<http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp> or
from our Data Operations Unit at (323) 890-4000.

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ ADD NOTE: USE INVENTORY PAGE FOR DELETION OR REVISIONS REPORTING YEAR 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)										3
CHEMICAL LOCATION 201					SUB LOCATION 199			CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input type="checkbox"/> NO		202
FACILITY ID #							MAP# (optional) 203	GRID# (optional) 204		

II. CHEMICAL INFORMATION

CHEMICAL NAME 205					TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No 206 <small>If Subject to EPCRA, refer to instructions</small>				
COMMON NAME 207					EHS* <input type="checkbox"/> Yes <input type="checkbox"/> No 208		RS* <input type="checkbox"/> Yes <input type="checkbox"/> No 246a		
CAS# 209					*If EHS or RS is "Yes", all amounts below must be in lbs.				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210									
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211					RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No 212		CURIES 213		
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214					LARGEST CONTAINER 215				
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216									
AVERAGE DAILY AMOUNT 217			MAXIMUM DAILY AMOUNT 218			ANNUAL WASTE AMOUNT 219		STATE WASTE CODE 220	
UNITS* (Check one item only) <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 221 <small>* If EHS, amount must be in pounds.</small>					DAYS ON SITE: 222				
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON 223									
STORAGE PRESSURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224									
STORAGE TEMPERATURE <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225									

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 226	227	<input type="checkbox"/> Yes 228	<input type="checkbox"/> Yes	229
2 230	231	<input type="checkbox"/> Yes 232	<input type="checkbox"/> Yes	233
3 234	235	<input type="checkbox"/> Yes 236	<input type="checkbox"/> Yes	237
4 238	239	<input type="checkbox"/> Yes 240	<input type="checkbox"/> Yes	241
5 242	243	<input type="checkbox"/> Yes 244	<input type="checkbox"/> Yes	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	
OWNER/OPERATOR SIGNATURE				DATE		246z	

Hazardous Materials Inventory - Chemical Description (Form 2731)

Complete a separate Hazardous Materials Inventory - Chemical Description page for each hazardous material (hazardous substances and hazardous waste) handled at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure), or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also, complete a page for each radioactive material handled over quantities for which an emergency plan is required by 10 CFR Parts 30, 40, or 70. Completed inventories should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. Please, number all pages of your submittal.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
199. SUB LOCATION Enter the sub-location where applicable such as basement, emergency generator, chiller unit, pump room. If chemicals are stored in different suites within a building, the suite may also be entered in the sub location field.
200. ADD/DELETE/ REVISE Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised. NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION Enter the building or outside/ adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC § 25506.
202. CHEMICAL LOCATION CONFIDENTIAL - EPCRA All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential; otherwise, check "No".
203. MAP NUMBER If a map is included; enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material.
205. CHEMICAL NAME Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and Applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; instead, complete the "COMMON NAME" field.
206. TRADE SECRET - Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.
State requirement: If yes, and the business is not subject to EPCRA, disclosure of trade secret information is bound by HSC § 25511. **Federal requirement:** If yes and the business are subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR, and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40 CFR 350.27) to U.S. EPA.
207. COMMON NAME Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # Enter the Chemical Abstract Service number for the hazardous material. For mixtures, enter the CAS number of the mixture only if it has a number; otherwise, leave this blank and report CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES. This information shall be provided if the local fire chief deems it necessary and requests the CUPA or PA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are found in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one hazard class, include all. Contact CUPA or PA for guidance.
211. HAZARDOUS MATERIAL TYPE Check the one box that best describes the type of hazardous material: pure, mixture or waste. If the substance is a waste, check only that box. If the substance is a mixture or waste, complete the hazardous components section.
212. RADIOACTIVE Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES If the material is radioactive, report the activity in curies; use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES Check all categories that describe the physical and health hazards associated with the hazardous material. Fire: Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, and Oxidizers.
Pressure Release: Explosives, Compressed Gases, and Blasting Agents.
Acute Health (Immediate): Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, and other chemicals with an adverse effect with short term exposure.
Reactive: Unstable Reactive, Organic Peroxides, Water Reactive, and Radioactive.
Chronic Health (Delayed): Carcinogens, Teratogens, Mutagens, and other chemicals with an adverse effect with long term exposure.
217. AVERAGE DAILY AMOUNT Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/ outside area. Calculations shall be based on the previous year's inventory of the material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE If the material is a waste, enter the California 3-digit hazardous waste code from the Uniform Hazardous Waste Manifest.
221. UNITS check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons.
 NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER Check all boxes that describe the type of storage containers in which the hazardous material is stored.
 NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE Check the one box that best describes the pressure at which the hazardous material is stored.
225. STORAGE TEMPERATURE Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report components 2 - 5 in boxes 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME When reporting a hazardous material mixture, list up to five chemical names of hazardous components in that mixture by percent weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, attach an additional sheet of paper to capture the required information. When reporting waste mixtures, list mineral and chemical composition. (Report components 2 - 5 in boxes 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355. (Report components 2 - 5 in boxes 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS List Chemical Abstract Service numbers of the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION Contact your local agency about if they require additional hazardous materials inventory information.
- 246a. RS - Check "Yes" if the hazardous material is a Regulated Substance (RS) under the CalARP Program and listed on the attached CalARP Program Regulated Substance list.
- 246b. RS - HAZARDOUS COMPONENTS 1-5 RS. Check "Yes" if the component of the mixture is considered an RS.

BUSINESS PLAN AND HAZARDOUS MATERIALS MANAGEMENT

PURPOSE OF THE BUSINESS PLAN The Health and Safety Code requires that your Business Plan gives the first responders, such as firefighters, information on the location, quantity, and health risks for the hazardous materials at your facility. Every year each Hazardous Materials Handler is required to disclose the names, amounts, locations, and mixtures containing hazardous materials to this Department if the container amount equals or exceeds the following quantities at any one time during the reporting year: a total weight of 500 pounds, or a total volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for a compressed gas, or the threshold quantity for Regulated Substances. A mixture that contains one tenth of one percent (1%) or more of a hazardous ingredient or one tenth of one percent (.1%) or more of a carcinogen is a hazardous material.

HAZARDOUS MATERIALS are harmful based on their physical and health characteristics. They include hazardous wastes or any hazardous substance that are listed in Title 49 of the Code of Federal Regulations. You can review the Material Safety Data Sheet for the following types of hazards:

PHYSICAL HAZARDS: Blasting agent, Combustible liquid, Compressed gas, Cryogenic, Explosive, Flammable gas, Flammable liquid, Flammable solid, Oxidizer, Pyrophoric, Unstable (reactive), Water-reactive. **HEALTH HAZARDS:** Carcinogens, Corrosives, Etiologic agents, Highly toxics (including poison), Irritants, Target organ toxins, Radioactives.

CONSOLIDATED CONTINGENCY PLAN (CCP) – Every three years the hazardous materials handler shall certify to this Department that the previously submitted CCP reveals the current personnel, owner, and business name, and that it includes the current and effective procedures that trained personnel would implement in the event of a hazardous materials release from an operation or storage condition at the site. Download a blank or sample CCP from our website at <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>. You must send a copy of any revised sections of the CCP with the annual certification. Furthermore, you must train the personnel about the revised procedures, because the Health and Safety Code requires a training program on hazardous materials for employees on safety procedures in the event of a release or threatened release of hazardous materials.

SITE MAPS- A site map is included in the CCP form. The map is given to the firefighters. Therefore indicate the hazardous materials storage areas and operations on the map. Please use the site map that is included with the CCP form; blue prints will not be accepted. The site map may be multiple pages depending on the size of the facility.

BUSINESS PLAN AMENDMENTS- Submit a Hazardous Materials Inventory—Chemical Description form to this Department within 30 days of the following changes: 100% of an increase of a previously disclosed hazardous material, or handling of a hazardous material that was not previously disclosed. Submit a CCP to this department within 30 days if there is a change of owner or operator at a facility that has reportable quantities of hazardous materials (required by the new owner/operator), if the operations change in a way that compromise the procedures towards any release of a hazardous materials that are specified in the previously submitted CCP.

CERTIFICATION OF YOUR BUSINESS PLAN- The Health Hazardous Materials Division intends to simplify your annual certification by providing you with your Hazardous Materials Inventory as it currently appears in our database and an Owner Operator Identification Form. Download additional unified program forms or a sample from our website at <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>

Cal-ARP PROGRAM- If you handle Regulated Substances (RS) at or above a threshold quantity, you need to submit the Cal-ARP Regulated Substance Registration form. Refer to Tables 1, 2, and 3 in 19 CCR 2770.5 <http://www.oal.ca.gov/ccr.htm> to determine if your hazardous material is listed in amounts that equal or exceed the threshold quantity. The reporting threshold for a regulated substance shall be determined by the quantity of the substance in a process. Process means “any activity involving a” RS including any use, storage, manufacturing, handling, on-site movement or any combination thereof.”

MANDATORY REGULATED SUBSTANCE REGISTRATION- any business that has above threshold quantities of a regulated substance in a process, shall fill out the Regulated Substance (RS) Registration form available on our website at <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp>. This registration will provide information to this Department to evaluate the requirements imposed by the Cal-ARP Program on each covered process.

EPCRA REPORTING – Facilities reporting chemicals subject to the Federal Emergency Planning and Community Right-to-Know Act (EPCRA) reporting thresholds must sign each page or line for each Extremely Hazardous Substance at or above its Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less. For more information on EPCRA visit US EPA’s EPCRA website at http://yosemite.epa.gov/oswer/ceppoehs.nsf/Alphabetical_Results?openview

EXEMPTIONS- A retail store, including the interior receiving and stockroom areas, that handles hazardous materials contained solely in a consumer product for direct distribution to and use by the general public is exempt from the State reporting requirements, unless the individual container size equals or exceeds the reportable quantities in State Law.

Railcars or tankers containing hazardous materials if the mode of power (i.e. locomotive or tractor) is disconnected.

Railroad cars containing hazardous materials remaining within the same railroad facility or business facility for more than thirty (30) days are deemed stored at that location and are subject to all reporting requirements.

This Department upon written application, may exempt a handler from any portion of the Business Plan and/or exempt a hazardous material, if it is determined this exemption does not pose a significant hazard to human health, safety, or the environment.

PENALTIES FOR VIOLATORS- Any business that fails to review and submit a current and accurate business plan by the date specified on the Business Plan Annual Renewal Certification form may be subjected to a \$285 late submittal fee, an administrative enforcement action, civil penalties, or criminal penalties.

Reporting a release or threatened release of hazardous materials that pose a significant, present, or potential hazard to human health, safety, property, or the environment:

- Call 911 for local emergency response personnel
- Notify this Department at (323) 890-4317
- Notify the Office of Emergency Services (800) 852-7550 or (916) 845-8911

FOR ASSISTANCE: Instructions and a sample of completed unified program forms are available for download from our website at <http://fire.lacounty.gov/HealthHazMat/HHMDForms.asp> OR you may contact the Data Operations Unit on weekday's 9:00 a.m. to 4:00 p.m. (323) 890-4000 to have the forms mailed to you.

TO SPEAK TO OR MAKE AN APPOINTMENT WITH AN INSPECTOR, PLEASE CALL WEEKDAYS 8:00 A.M. – 10:00 A.M. AT ANY OF THE FOLLOWING FIELD OFFICES:

East Office

5110 North Peck Rd.
El Monte, CA 91732
(626) 450-7450

Southeast Office

9155 Telegraph Rd.
Pico Rivera, CA 90717
(562) 654-2620

Central Office

5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4107

North County Office

14425 Olive view Dr.
Sylmar, CA 91342
(818) 364-7120

Southwest Office

24330 Narbonne Ave.
Lomita, CA 90717
(310) 534-6270

West Office

6167 Bristol Parkway #220
Culver City, CA 90230
(310) 348-1781

**California Accidental Release Prevention Program Unit
(Cal-ARP Unit)**

5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4035

PERMIT FEE: This Department collects an annual hazardous materials fee in an amount sufficient to pay those costs incurred in carrying out the provisions of Chapter 6.95 of the California Health and Safety Code. This fee is based on the volume of hazardous materials handled by the business.

DO NOT SEND annual fee monies to the Los Angeles County Fire Department at this time. Your bill will be handled separately and will include mailing instructions.

NOTE: Hazardous Materials Inventory Chemical Description Forms and the Regulated Substance Registration Forms may be reproduced. Please feel free to make as many copies as needed to comply with the annual reporting requirements. You may download forms from our website, pick up copies at the field offices, or request to have them mailed to you.